

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/519042

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
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47								97					
48								98					
49								99					
50								100					
TOTAL IND.	/		↓		↓		↓		↓		↓		
TOTAL DEP.	/3		←		←		←		←		←		
TOTAL CLAIMS	/11		████████		████████		████████		████████		████████		